

Late Code for Claims Associated with HIPAA-Compliant Claims Transition and Integrated System Implementation Problems

LAC DMH is acutely aware some providers have Medi-Cal eligible services that are unbilled and beyond the six month claiming statute. A ‘Good Cause’ late code is required in order to bill those services now. Many of these unbilled services are unbilled because of problems or issues with the conversion to HIPAA-compliant claiming and implementation of the Integrated System (IS). Delays in State certification delayed submission of claims for early adopters of the IS and we have had problems with system performance and reliability, eligibility, delays in resubmitting denied claims or rebilling recent Medi-Cal claims that were denied and have been paid by County general funds.

We have reached an agreement with the State Department of Mental Health (SDMH) that will allow us to submit these late claims and “stop the clock” while we and the State continue our discussions about the ultimate disposition of these late claims.

For outpatient claims beyond the six month claiming deadline where the reason for the claim being late has to do with the conversion to HIPAA-compliant claiming and problems with the IS, providers are to ***apply HIPAA-compliant late code 10*** to claims that require a good-cause late code. Note that this instruction also applies to late claims even if they are over 12 months old. Previously claims were set to deny when this code was entered, which was due to a CICS Rule (MHMIS invalid code error). The MHMIS edit has been modified to accept this late code.

For inpatient claims beyond the six month claiming deadline where the reason for the claim being late has to do with the conversion to HIPAA-compliant claiming and problems with the IS, providers are to apply HIPAA-compliant late code 10 to claims that require good-cause. This also applies to late claims even if they are over 12 months.

You should begin using late code 10 immediately for the reasons stated above. You should work your older claims as a priority, most importantly claims older than 12 months. We have requested to the State approval to submit claims with October 2003 service dates and forward.

Please don’t forget to insure you have positive Medi-Cal eligibility for the resubmitted or rebilled claim and that the Medi-Cal indicator is checked. If you have questions regarding late codes or claims processing, please (213) 738-3304. If you have questions or problems entering denied Medi-Cal claims, please contact the CIOB Help Desk at (213) 351-1335.